

and Mr. ROMNEY)) to the bill H.R. 3684, to authorize funds for Federal-aid highways, highway safety programs, and transit programs, and for other purposes; which was ordered to lie on the table; as follows:

At the end of title VIII of division D, add the following:

SEC. 408. FOREST INVENTORY AND ANALYSIS PROGRAM BLUE RIBBON PANEL.

Section 3 of the Forest and Rangeland Renewable Resources Research Act of 1978 (16 U.S.C. 1642) is amended by adding at the end the following:

“(f) FOREST INVENTORY AND ANALYSIS PROGRAM BLUE RIBBON PANEL.—

“(1) IN GENERAL.—Not later than 90 days after the date of enactment of this subsection, the Secretary, in consultation with the National Association of State Foresters, shall convene a blue ribbon panel (referred to in this subsection as the ‘Panel’) to review the forest inventory and analysis program established under this section.

“(2) COMPOSITION.—The Panel shall be composed of not fewer than 20, and not more than 30, members, including 1 or more of each of the following:

“(A) State foresters.

“(B) Representatives from the Environmental Protection Agency.

“(C) Representatives from the Department of the Interior.

“(D) Academic experts in forest health, management, and economics.

“(E) Forest industry representatives throughout the supply chain, including representatives of large forest landowners and small forest landowners.

“(F) Representatives from environmental groups.

“(G) Representatives from regional greenhouse gas trading organizations.

“(H) Experts in carbon accounting and carbon offset markets.

“(3) DUTIES.—

“(A) REVIEW.—The Panel shall conduct a review of the past progress, current priorities, and future needs of the forest inventory and analysis program with respect to forest carbon, climate change, forest health, and sustainable wood products.

“(B) REPORT.—Not later than March 31, 2022, the Panel shall submit to the Secretary, the Secretary of the Interior, and Congress a report describing the review conducted under subparagraph (A).

“(4) ADMINISTRATIVE MATTERS.—

“(A) CHAIRPERSON AND VICE CHAIRPERSON.—The Panel shall select a Chairperson and Vice Chairperson from among the non-governmental members of the Panel.

“(B) COMMITTEES.—The Panel may establish 1 or more committees within the Panel as the Panel determines to be appropriate.

“(C) COMPENSATION.—A member of the Panel shall serve without compensation.

“(D) ADMINISTRATIVE SUPPORT.—The Secretary shall provide such administrative support as is necessary for the Panel to carry out its duties.

“(E) FEDERAL ADVISORY COMMITTEE ACT.—The Panel shall be exempt from the Federal Advisory Committee Act (5 U.S.C. App.).”

SA 2225. Mr. BRAUN submitted an amendment intended to be proposed to amendment SA 2137 proposed by Mr. SCHUMER (for Ms. SINEMA (for herself, Mr. PORTMAN, Mr. MANCHIN, Mr. CASIDY, Mrs. SHAHEEN, Ms. COLLINS, Mr. TESTER, Ms. MURKOWSKI, Mr. WARNER, and Mr. ROMNEY)) to the bill H.R. 3684, to authorize funds for Federal-aid highways, highway safety programs, and

transit programs, and for other purposes; which was ordered to lie on the table; as follows:

In division I, strike section 90006 and insert the following:

SEC. 90006. REQUIREMENTS FOR PRESCRIPTION DRUG BENEFITS.

(a) REMOVAL OF SAFE HARBOR PROTECTION FOR REBATES INVOLVING PRESCRIPTION DRUGS AND ESTABLISHMENT OF NEW SAFE HARBOR PROTECTIONS INVOLVING PRESCRIPTION DRUGS.—

(1) REMOVAL OF SAFE HARBOR PROTECTION FOR REBATES INVOLVING PRESCRIPTION DRUGS.—Section 1128B(b) of the Social Security Act (42 U.S.C. 1320a-7b(b)) is amended—

(A) in paragraph (3)(A), by striking “a discount” and inserting “subject to paragraph (5), a discount”; and

(B) by adding at the end the following:

“(5) REMOVAL OF SAFE HARBOR PROTECTION FOR REBATES INVOLVING PRESCRIPTION DRUGS.—The safe harbor described in paragraph (3)(A) shall not apply to a reduction in price or other remuneration from a manufacturer of prescription drugs to a sponsor of a prescription drug plan under part D of title XVIII, an MA organization offering an MA-PD plan under part C of such title, or a pharmacy benefit manager under contract with such a sponsor or such an organization and, except as provided in subparagraphs (L) and (M) of paragraph (3), paragraphs (1) and (2) shall apply to any such reduction in price or other remuneration.”

(2) ESTABLISHMENT OF NEW SAFE HARBOR PROTECTIONS INVOLVING PRESCRIPTION DRUGS.—Section 1128B(b)(3) of the Social Security Act (42 U.S.C. 1320a-7b(b)(3)) is amended—

(A) in subparagraph (J), by striking “and” at the end;

(B) in subparagraph (K), by striking the period at the end and inserting a semicolon; and

(C) by adding at the end the following:

“(L) a reduction in price offered by a manufacturer of prescription drugs to a sponsor of a prescription drug plan under part D of title XVIII, an MA organization offering an MA-PD plan under part C of such title, or a pharmacy benefit manager under contract with such a sponsor or such an organization, that is reflected at the point of sale to the individual and meets such other conditions as the Secretary may establish; and

“(M) flat fee service fees a manufacturer of prescription drugs pays to a pharmacy benefit manager for services rendered to the manufacturer that relate to arrangements by the pharmacy benefit manager to provide pharmacy benefit management services to a health plan, if certain conditions established by the Secretary are met, including requirements that the fees are transparent to the health plan.”

(3) EFFECTIVE DATE.—The amendments made by this subsection shall take effect on January 1, 2023.

(b) REQUIREMENTS FOR PRIVATE INSURANCE PLANS.—

(1) IN GENERAL.—Part D of title XXVII of the Public Health Service Act (42 U.S.C. 300gg-111 et seq.) is amended by adding at the end the following:

“SEC. 2799A-11. REQUIREMENTS WITH RESPECT TO PRESCRIPTION DRUG BENEFITS.

“(a) IN GENERAL.—A group health plan or a health insurance issuer offering group or individual health insurance coverage shall not, and shall ensure that any entity that provides pharmacy benefits management services under a contract with any such health plan or health insurance coverage does not, receive from a drug manufacturer a reduction in price or other remuneration with respect to any prescription drug received by an enrollee in the plan or coverage and covered by the plan or coverage, unless—

“(1) any such reduction in price is reflected at the point of sale to the enrollee and meets such other conditions as the Secretary may establish; and

“(2) any such other remuneration is a flat fee-based service fee that a manufacturer of prescription drugs pays to an entity that provides pharmacy benefits management services for services rendered to the manufacturer that relate to arrangements by the pharmacy benefit manager to provide pharmacy benefit management services to a health plan or health insurance issuer, if certain conditions established by the Secretary are met, including requirements that the fees are transparent to the health plan or health insurance issuer.

“(b) ENTITY THAT PROVIDES PHARMACY BENEFITS MANAGEMENT SERVICES.—For purposes of this section, the term ‘entity that provides pharmacy benefits management services’ means—

“(1) any person, business, or other entity that, pursuant to a written agreement with a group health plan or a health insurance issuer offering group or individual health insurance coverage, directly or through an intermediary—

“(A) acts as a price negotiator on behalf of the plan or coverage; or

“(B) manages the prescription drug benefits provided by the plan or coverage, which may include the processing and payment of claims for prescription drugs, the performance of drug utilization review, the processing of drug prior authorization requests, the adjudication of appeals or grievances related to the prescription drug benefit, contracting with network pharmacies, controlling the cost of covered prescription drugs, or the provision of related services; or

“(2) any entity that is owned, affiliated, or related under a common ownership structure with a person, business, or entity described in paragraph (1).”

(2) ERISA.—

(A) IN GENERAL.—Subpart B of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185 et seq.) is amended by adding at the end the following:

“SEC. 726. REQUIREMENTS WITH RESPECT TO PRESCRIPTION DRUG BENEFITS.

“(a) IN GENERAL.—A group health plan or a health insurance issuer offering group health insurance coverage shall not, and shall ensure that any entity that provides pharmacy benefits management services under a contract with any such health plan or health insurance coverage does not, receive from a drug manufacturer a reduction in price or other remuneration with respect to any prescription drug received by an enrollee in the plan or coverage and covered by the plan or coverage, unless—

“(1) any such reduction in price is reflected at the point of sale to the enrollee and meets such other conditions as the Secretary may establish; and

“(2) any such other remuneration is a flat fee-based service fee that a manufacturer of prescription drugs pays to an entity that provides pharmacy benefits management services for services rendered to the manufacturer that relate to arrangements by the pharmacy benefit manager to provide pharmacy benefit management services to a health plan or health insurance issuer, if certain conditions established by the Secretary are met, including requirements that the fees are transparent to the health plan or health insurance issuer.

“(b) ENTITY THAT PROVIDES PHARMACY BENEFITS MANAGEMENT SERVICES.—For purposes of this section, the term ‘entity that provides pharmacy benefits management services’ means—

“(1) any person, business, or other entity that, pursuant to a written agreement with a group health plan or a health insurance issuer offering group health insurance coverage, directly or through an intermediary—

“(A) acts as a price negotiator on behalf of the plan or coverage; or

“(B) manages the prescription drug benefits provided by the plan or coverage, which may include the processing and payment of claims for prescription drugs, the performance of drug utilization review, the processing of drug prior authorization requests, the adjudication of appeals or grievances related to the prescription drug benefit, contracting with network pharmacies, controlling the cost of covered prescription drugs, or the provision of related services; or

“(2) any entity that is owned, affiliated, or related under a common ownership structure with a person, business, or entity described in paragraph (1).”.

(B) CLERICAL AMENDMENT.—The table of contents of the Employee Retirement Income Security Act of 1974 is amended by inserting after the item relating to section 725 the following:

“Sec. 725. Requirements with respect to prescription drug benefits.”.

(3) IRC.—

(A) IN GENERAL.—Subchapter B of chapter 100 of the Internal Revenue Code of 1986 is amended by adding at the end the following:

“SEC. 9826. REQUIREMENTS WITH RESPECT TO PRESCRIPTION DRUG BENEFITS.

“(a) IN GENERAL.—A group health plan shall not, and shall ensure that any entity that provides pharmacy benefits management services under a contract with any such health plan does not, receive from a drug manufacturer a reduction in price or other remuneration with respect to any prescription drug received by an enrollee in the plan and covered by the plan, unless—

“(1) any such reduction in price is reflected at the point of sale to the enrollee and meets such other conditions as the Secretary may establish; and

“(2) any such other remuneration is a flat fee-based service fee that a manufacturer of prescription drugs pays to an entity that provides pharmacy benefits management services for services rendered to the manufacturer that relate to arrangements by the pharmacy benefit manager to provide pharmacy benefit management services to a health plan, if certain conditions established by the Secretary are met, including requirements that the fees are transparent to the health plan.

“(b) ENTITY THAT PROVIDES PHARMACY BENEFITS MANAGEMENT SERVICES.—For purposes of this section, the term ‘entity that provides pharmacy benefits management services’ means—

“(1) any person, business, or other entity that, pursuant to a written agreement with a group health plan, directly or through an intermediary—

“(A) acts as a price negotiator on behalf of the plan; or

“(B) manages the prescription drug benefits provided by the plan, which may include the processing and payment of claims for prescription drugs, the performance of drug utilization review, the processing of drug prior authorization requests, the adjudication of appeals or grievances related to the prescription drug benefit, contracting with network pharmacies, controlling the cost of covered prescription drugs, or the provision of related services; or

“(2) any entity that is owned, affiliated, or related under a common ownership structure with a person, business, or entity described in paragraph (1).”.

(B) CLERICAL AMENDMENT.—The table of sections for subchapter B of chapter 100 of

the Internal Revenue Code of 1986 is amended by adding at the end the following:

“Sec. 9816. Requirements with respect to prescription drug benefits.”.

(4) EFFECTIVE DATE.—The amendments made by paragraphs (1), (2), and (3) shall take effect on January 1, 2023.

SA 2226. Mr. THUNE submitted an amendment intended to be proposed to amendment SA 2137 proposed by Mr. SCHUMER (for Ms. SINEMA (for herself, Mr. PORTMAN, Mr. MANCHIN, Mr. CASSIDY, Mrs. SHAHEEN, Ms. COLLINS, Mr. TESTER, Ms. MURKOWSKI, Mr. WARNER, and Mr. ROMNEY)) to the bill H.R. 3684, to authorize funds for Federal-aid highways, highway safety programs, and transit programs, and for other purposes; which was ordered to lie on the table; as follows:

Beginning on page 2639, strike line 6 and all that follows through page 2642, line 16, and insert the following:

(1) \$27,500,000,000 shall be for a bridge replacement, rehabilitation, preservation, protection, and construction program, *Provided further*, That, except as otherwise provided under this paragraph, the funds made available under this paragraph shall be administered as if apportioned under chapter 1 of title 23, United States Code: *Provided further*, That a project funded with funds made available under this paragraph shall be treated as a project on a Federal-aid highway: *Provided further*, That, of the funds made available under this paragraph for a fiscal year, 3 percent shall be set aside to carry out section 202(d) of title 23, United States Code: *Provided further*, That funds set aside under the preceding proviso to carry out section 202(d) of that title shall be in addition to funds otherwise made available to carry out that section and shall be administered as if made available under that section: *Provided further*, That for funds set aside under this paragraph to carry out section 202(d) of title 23, United States Code, the Federal share of the costs shall be 100 percent: *Provided further*, That up to ½ of 1 percent of the amounts made available under this paragraph in each fiscal year shall be for the administration and operations of the Federal Highway Administration: *Provided further*, That for the purposes of funds made available under this heading for a bridge replacement and rehabilitation program, (A) the term “State” means any of the 50 States or the District of Columbia; and (B) the term “qualifying State” means any State in which the percentage of total deck area of bridges classified as in poor condition in such State is at least 5 percent or in which the percentage of total bridges classified as in poor condition in such State is at least 5 percent: *Provided further*, That, of the funds made available under this heading for a bridge replacement and rehabilitation program, the Secretary shall reserve \$300,000,000 for each State that does not meet the definition of a qualifying State: *Provided further*, That, after making the reservations under the preceding proviso, the Secretary shall distribute the remaining funds made available under this heading for a bridge replacement and rehabilitation program to each qualifying State by the proportion that the percentage of total deck area of bridges classified as in poor condition in such qualifying State bears to the sum of the percentages of total deck area of bridges classified as in poor condition in all qualifying States: *Provided further*, That for the bridge replacement and rehabilitation program, no qualifying State shall receive more than \$1,500,000,000, each State shall receive an amount not less than \$300,000,000, and

after calculating the distribution of funds pursuant to the preceding proviso, any amount in excess of \$1,500,000,000 shall be redistributed equally among each State that does not meet the definition of a qualifying State: *Provided further*, That funds provided to States that do not meet the definition of a qualifying State for the bridge replacement and rehabilitation program shall be (A) merged with amounts made available to such State under this paragraph; (B) available for activities eligible under this paragraph; and (C) administered as if apportioned under chapter 1 of title 23, United States Code: *Provided further*, That, except as provided in the preceding proviso, the funds made available under this heading for a bridge replacement and rehabilitation program shall be used for highway bridge replacement or rehabilitation projects on public roads: *Provided further*, That for purposes of this heading for the bridge replacement and rehabilitation program, the Secretary shall calculate the percentages of total deck area of bridges (including the percentages of total deck area classified as in poor and the percentages of total bridge counts (including the percentages of total bridges classified as in poor condition) based on the National Bridge Inventory as of December 31, 2018:

SA 2227. Mr. HOEVEN submitted an amendment intended to be proposed to amendment SA 2137 proposed by Mr. SCHUMER (for Ms. SINEMA (for herself, Mr. PORTMAN, Mr. MANCHIN, Mr. CASSIDY, Mrs. SHAHEEN, Ms. COLLINS, Mr. TESTER, Ms. MURKOWSKI, Mr. WARNER, and Mr. ROMNEY)) to the bill H.R. 3684, to authorize funds for Federal-aid highways, highway safety programs, and transit programs, and for other purposes; which was ordered to lie on the table; as follows:

On page 1839, line 9, strike “in accordance with” and insert “and as provided for in”.

On page 2498, line 7, strike “in accordance with” and insert “and as provided for in”.

SA 2228. Mr. MARSHALL submitted an amendment intended to be proposed to amendment SA 2137 proposed by Mr. SCHUMER (for Ms. SINEMA (for herself, Mr. PORTMAN, Mr. MANCHIN, Mr. CASSIDY, Mrs. SHAHEEN, Ms. COLLINS, Mr. TESTER, Ms. MURKOWSKI, Mr. WARNER, and Mr. ROMNEY)) to the bill H.R. 3684, to authorize funds for Federal-aid highways, highway safety programs, and transit programs, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place in division J, insert the following:

SEC. _____. None of the funds made available by this Act may be used to transport an alien (as defined in section 101(a) of the Immigration and Nationality Act (8 U.S.C. 1101(a)) who is unlawfully present in the United States and who—

(1) has not been tested for COVID-19 during the preceding 10-day period;

(2) has not been fully vaccinated against COVID-19; or

(3) has symptoms of COVID-19.

SA 2229. Ms. ERNST submitted an amendment intended to be proposed to amendment SA 2137 proposed by Mr. SCHUMER (for Ms. SINEMA (for herself, Mr. PORTMAN, Mr. MANCHIN, Mr. CASSIDY, Mrs. SHAHEEN, Ms. COLLINS, Mr. TESTER, Ms. MURKOWSKI, Mr. WARNER,